

Substitute for form 1449A/PTO INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Use as many sheets as necessary)				<i>Complete if Known</i> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/750,712</td> </tr> <tr> <td>Filing Date</td> <td>December 31, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Nielsen, James</td> </tr> <tr> <td>Art Unit</td> <td>3734</td> </tr> <tr> <td>Examiner Name</td> <td>Andersen, Michael T.</td> </tr> </table>		Application Number	10/750,712	Filing Date	December 31, 2003	First Named Inventor	Nielsen, James	Art Unit	3734	Examiner Name	Andersen, Michael T.
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EXAMINER

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